

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

CEDRIC PUGH, (AIS# 182373),

*

Plaintiff,

*

V.

*

2:06-CV-363-MEF

ALABAMA CORRECTIONAL INDUSTRIES
COMMISSIONER BUTCH CALLOWAY, et al.

*

*

Defendants.

*

SPECIAL REPORT OF DEFENDANT JULIO E. RIOS, M.D.

COMES NOW Defendant Julio E. Rios, M.D., in response to this Honorable Court's Order in this regard, and presents the following Special Report with regard to this matter:

I. INTRODUCTION

The Plaintiff, Cedric Pugh (AIS# 182373), is an inmate confined at Elmore Correctional Facility located in Elmore County, Alabama. In addition to various employees of the Alabama Department of Corrections and Prison Health Services, Inc., Pugh has filed allegations alleging that he received improper treatment from this Defendant, who is an emergency physician at Baptist Medical Center South in Montgomery. **Dr. Rios, however, did not treat the Plaintiff at Baptist Medical Center South – and has in fact never been asked to evaluate or treat the plaintiff.** (See Exhibit "A"). As directed, Dr. Rios has undertaken a review of the Plaintiff's claims and is submitting this Special Report, which is supported by his own Affidavit (attached

hereto as Exhibit “A”) and a copy of Plaintiff’s Pugh’s medical records from Baptist Medical Center South (attached hereto as Exhibit “B”). These evidentiary materials demonstrate that Plaintiff Pugh was never seen or treated by Dr. Rios. Moreover, these evidentiary materials further prove that all care and treatment of Mr. Pugh at Baptist Medical Center South was appropriate and proper on the occasion in question – and that the Plaintiff’s allegations of improper care have no merit whatsoever.

II. NARRATIVE SUMMARY OF FACTS

Dr. Julio Rios is a medical doctor who has been licensed as a physician in Alabama since 1998. Dr. Rios is board certified in the specialty of emergency medicine and currently serves as the Medical Director for the Emergency Department at Baptist Medical Center South in Montgomery, Alabama. (See Exhibit “A”).

Cedric Pugh has filed a lawsuit against Dr. Rios based on an allegation that he was provided with inappropriate medical evaluation or treatment when presented to the Baptist emergency room on February 23, 2006. (See Complaint). Contrary to the Plaintiff’s allegations, however, Dr. Rios did not evaluate or treat Mr. Pugh in any fashion whatsoever on February 23, 2006. (See Exhibits “A” and “B”). Rather, the physician who evaluated and treated him on that occasion was Dr. John Moorehouse, another emergency physician who is on staff at Baptist South. (Id.) Dr. Pugh has reviewed the Baptist South Emergency Department records regarding Cedric Pugh. (Id.) Although the “sticker” affixed to Mr. Pugh’s chart indicates that Dr. Pugh was the physician who treated him on this occasion, this was a clerical error as all physician documentation in the chart is that of Dr. Moorehouse rather than Dr. Rios. (Id.)

At no time was Dr. Rios ever been asked to provide medical care, evaluation, or treatment to Cedric Pugh. (Id.) Dr. Rios has never had a physician-patient relationship with Pugh and has never provided him with any medical services whatsoever. (Id.)

Mr. Pugh was provided with appropriate and proper treatment at all times that he was in the Emergency Department at Baptist on February 23, 2006. (Id.) Mr. Pugh presented with a laceration to the middle finger of his right hand after it had been caught in a meat grinder. (Id.) Mr. Pugh was provided appropriate anesthesia, including a digital block to the finger in question with Marcaine, after which the wound was washed with saline, explored, and debrided. (Id.) A bulky dressing was then placed on the finger. (Id.) Mr. Pugh was given a Tetanus Diphtheria shot as well as an appropriate shot of Ancef, an antibiotic, in order to prevent infection. (Id.) He was discharged with a prescription for Lortab pain medication as well as Keflex, an oral antibiotic. (Id.) He was also given instructions to apply Neosporin dressing to the wound, to keep it clean and dry, and to follow up with an orthopedic surgeon. (Id.)

The treatment provided to Mr. Pugh in the Baptist South Emergency Department was appropriate and proper in all respects. (Id.) The involved personnel all met the applicable standard of care in their care, evaluation, and treatment of Mr. Pugh. (Id.) Mr. Pugh was not caused to suffer any injury or damages by any acts or omissions of any of the health care providers in the Baptist Emergency Department – or as a result of any of the care and treatment provided to him in the Emergency Department. (Id.) Mr. Pugh was not denied any needed medical treatment at the Baptist South Emergency Department, nor did anyone in the Emergency Department act with deliberate indifference to any serious medical need of Mr. Pugh. (Id.)

III. DEFENSES

Defendant Rios asserts the following defenses to the Plaintiff's claims:

1. The Defendant denies each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.

2. The Defendant pleads not guilty to the charges in the Plaintiff's Complaint.

3. The Plaintiff's Complaint fails to state a claim against the Defendant for which relief can be granted.

4. The Defendant affirmatively denies any and all alleged claims by the Plaintiff.

5. The Plaintiff is not entitled to any relief requested in the Complaint.

6. The Defendant pleads the defense of qualified immunity and avers that the actions taken by the Defendant were reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.

7. The Defendant is entitled to qualified immunity and it is clear from the face of the Complaint that the Plaintiff has not alleged specific facts indicating that the Defendant has violated any clearly established constitutional right.

8. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.

9. The allegations contained in the Plaintiff's Complaint against the Defendant sued in his individual capacity, fails to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities.

See Oladeinde v. City of Birmingham, 963 F.2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Educ. Of Escambia County, 880 F.2d 305, 309 (11th Cir. 1989).

10. The Defendant pleads all applicable immunities, including, but not limited to qualified, absolute, discretionary function immunity, and state agent immunity.

11. The Defendant avers that he was at all times acting under color of state law and, therefore, is entitled to substantive immunity under the law of the State of Alabama.

12. The Defendant pleads the general issue.

13. This Court lacks subject matter jurisdiction due to the fact that even if the Plaintiff's allegations should be proven, the allegations against the Defendant would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights. See Rogers v. Evans, 792 F.2d 1052 (11th Cir. 1986).

14. The Defendant pleads the affirmative defense that the Plaintiff's Complaint fails to contain a detailed specification and factual description of the acts and omissions alleged to render him liable to the Plaintiff as required by § 6-5-551 of the Ala. Code (1993).

15. The Defendant pleads the affirmative defense that Plaintiff's damages, if any, were the result of an independent, efficient, and/or intervening cause.

16. The Defendant pleads the affirmative defense that the Plaintiff has failed to mitigate his own damages.

17. The Defendant pleads the affirmative defense that he is not guilty of any conduct which would justify the imposition of punitive damages against him and that any such award would violate the United States Constitution.

18. The Defendant adopts and assert all defenses set forth in the Alabama Medical Liability Act § 6-5-481, et seq., and § 6-5-542, et seq.

19. The Plaintiff has failed to exhaust his administrative remedies as mandated by the Prison Litigation Reform Act amendment to 42 U.S.C. § 1997e(a). The Plaintiff has failed to pursue the administrative remedies available to him. See Cruz v. Jordan, 80 F. Supp. 2d 109 (S.D. N.Y. 1999) (claims concerning Defendant's deliberate indifference to a medical need is an action "with respect to prison conditions" and is thus governed by exhaustion requirement).

20. The Prison Litigation Reform Act amendment to 42 U.S.C. § 1997(e)(c) mandates the dismissal of Plaintiff's claims herein as this action is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks money damages from the Defendant who is entitled to immunity.

21. The Plaintiff's claims are barred by the Prison Litigation Reform Act of 1995, 42 U.S.C. §1997(e).

22. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing in forma pauperis actions in federal court.

23. Pursuant to 28 U.S.C. § 1915 A, this Court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the Defendant who is a state officers entitled to immunity as provided for in 42 U.S.C. § 1997 (e)(c).

24. The Defendant asserts that the Plaintiff's Complaint is frivolous and filed in bad faith solely for the purpose of harassment and intimidation and requests this Court pursuant to 42 U.S.C. § 1988 to award this Defendant reasonable attorney's fees and costs incurred in the defense of this case.

IV. ARGUMENT

A court may dismiss a complaint for failure to state a claim if it is clear that no relief could be granted under any set of facts that could be proven consistent with the allegations in the complaint. Romero v. City of Clanton, 220 F. Supp. 2d 1313, 1315 (M.D. Ala., 2002) (citing Hishon v. King & Spalding, 467 U.S. 69, 73, (1984). "Procedures exist, including Federal Rule of Civil Procedure 7(a), or Rule 12(e), whereby the trial court may "protect the substance of qualified immunity," Shows v. Morgan, 40 F. Supp. 2d 1345, 1358 (M.D. Ala., 1999). A careful review of Pugh's medical records reveals that Pugh has been given appropriate medical treatment at all times. (See Exhibits "A" & "B"). All of the allegations contained within Pugh's Complaint are either inconsistent with his medical records, or are claims for which no relief may be granted. (Id.) Therefore, Pugh's claims against this Defendant are due to be dismissed.

In order to state a cognizable claim under the Eighth Amendment, Pugh must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. See Estelle v. Gamble, 429 U.S. 97, 106 (U.S. 1976); McElligott v. Foley, 182 F.3d 1248, 1254 (11th Cir. 1999); Palermo v. Corr. Med. Servs., 148 F. Supp. 2d 1340, 1342 (S.D. Fla. 2001). In order to prevail, Pugh must allege and prove that he suffered from a serious medical need, that the Defendant was deliberately indifferent to his needs, and that he suffered harm due to deliberate indifference. See Marsh v. Butler

County, 268 F.3d 1014, 1058 (11th Cir. 2001) and Palermo, 148 F. Supp. 2d at 1342. “Neither inadvertent failure to provide adequate medical care nor a physician's negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment.” Id. (citations omitted).

Not every claim by a prisoner that medical treatment has been inadequate states an Eighth Amendment violation. Alleged negligent conduct with regard to inmates' serious medical conditions does not rise to the level of a constitutional violation. Alleged medical malpractice does not become a constitutional violation merely because the alleged victim is a prisoner. See Estelle, 429 U.S. at 106, McElligott, 182 F.3d at 1254, Hill, 40 F.3d 1176, 1186 (11th Cir. 1994), Palermo, 148 F. Supp. 2d at 1342. Further, a mere difference of opinion between an inmate and the physician as to treatment and diagnosis cannot give rise to a cause of action under the Eighth Amendment. Estelle, 429 U.S. at 106-108.

Dr. Rios may only be liable if he had knowledge of Pugh's medical condition, Hill, 40 F. 3d at 1191, and acted intentionally or recklessly to deny or delay access to his care, or to interfere with treatment once prescribed. Estelle, 429 U.S. at 104-105. Obviously, Pugh cannot carry his burden. The evidence submitted with this Special Report clearly shows that Dr. Rios did not act intentionally or recklessly to deny or delay medical care, or to interfere with any treatment which was prescribed or directed. **The evidence demonstrates, to the contrary, that Dr. Rios had no involvement whatsoever in Pugh's medical care – and that appropriate standards of care were nonetheless followed at all times by those who did care for him. (Id.)** These facts

clearly disprove any claim that the Defendant acted intentionally or recklessly to deny treatment or care.

A Montgomery federal court held that “[w]here a plaintiff does not allege that a defendant personally participated in alleged constitutional deprivations, the plaintiff must establish an affirmative causal connection between the act or omission complained of and the alleged constitutional deprivations in order to sustain a § 1983 cause of action against the defendant.’ Ludlam v. Coffee County, 993 F.Supp. 1421 (M.D. Ala. 1998). The Plaintiff fails to identify any act of omission by Dr. Rios that resulted in a constitutional violation. Accordingly, Plaintiff fails to meet the standard by which a § 1983 claim can be sustained against Dr. Rios.

It is unclear whether the Plaintiff brings a state law claim for medical malpractice against Dr. Rios. In any event, the Plaintiff cannot establish any such state law claim against Dr. Rios. Under Alabama law:

In order to establish a cause of action for medical malpractice, a plaintiff must establish, generally by expert testimony: (1) the appropriate standard of care, (2) a breach of that standard of care, and (3) a proximate causal connection between the defendant doctor’s act or omission constituting the breach and the injuries sustained by the plaintiff. Unless, the cause and effect relationship between the breach and the standard of care and the subsequent complication or injury is so readily understood that a lay person can reliably determine the issue of causation, a plaintiff must establish causation through expert testimony.

Prowell v. Children’s Hospital of Alabama, 2006 WL 130497 (Ala. 2006) (internal quotations and citations omitted). The Plaintiff has not and cannot establish through medical expert testimony that any act or omission by Dr. Rios violated the applicable standard of care. Indeed, Dr. Rios did not ever have any involvement in the Plaintiff’s medical care.

Finally, pursuant to the Court's Order, the Defendant requests that this Special Report be treated and denominated as a Motion to Dismiss and/or a Motion for Summary Judgment. The Defendant has demonstrated both through substantial evidence and appropriate precedent that there is not any genuine issue of material fact relating to him and that he is, therefore, entitled to a judgment in his favor as a matter of law. The Plaintiff's submissions clearly fail to meet his required burden.

V. CONCLUSION

The Plaintiff's Complaint is due to be dismissed on its face, and is, further, disproven by the evidence now before the Court. All of the Plaintiff's requests for relief are without merit. Accordingly, the Defendant requests that this Honorable Court either dismiss the Plaintiff's Complaint, with prejudice, or enter a judgment in his favor.

Respectfully submitted,

s/L. Peyton Chapman, III
Alabama State Bar Number CHA060
s/R. Brett Garrett
Alabama State Bar Number GAR085
Attorneys for Julio E. Rios, M.D.

RUSHTON, STAKELY,
JOHNSTON & GARRETT, P.A.
Post Office Box 270
Montgomery, Alabama 36101-0270

Telephone: (334) 834-8480
Fax: (334) 262-6277
E-mail: bg@rsjg.com

CERTIFICATE OF SERVICE

I hereby certify that on August 16, 2006, I electronically filed the foregoing with the Clerk of Court using the CM/ECF system which will send notification of such filing to the following:

J. Matt Bledsoe, Esq.
Office of the Attorney General
11 South Union Street
Montgomery, Alabama 36130

E. Ham Wilson, Jr., Esq.
Ball, Ball, Matthews & Novak, P.A.
P.O. Box 2148
Montgomery, Alabama 36102-2148

And I hereby certify that I have mailed by United States Postal Service the document to the following non-CM/ECF participants:

Cedric Pugh (AIS# 182373)
Elmore Correctional Facility
P.O. Box 8
Elmore, AL 36025

s/L. Peyton Chapman, III

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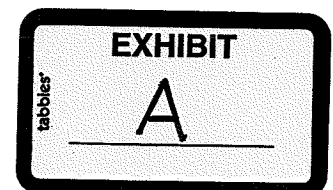
AFFIDAVIT OF JULIO E. RIOS, M.D.

BEFORE ME, Barbara A. Green, a notary public in and for said

County and State, personally appeared **JULIO E. RIOS, M.D.**, and being duly sworn,
deposed and says on oath that the averments contained in the foregoing are true to the
best of his ability, information, knowledge and belief, as follows:

“My name is Julio E. Rios. I am a medical doctor and am over 21 years of age. I
am personally familiar with all of the facts set forth in this affidavit. I have been licensed
as a physician in Alabama since 1998. I am board certified in the specialty of emergency
medicine. I currently serve as the Medical Director for the Emergency Department at
Baptist Medical Center South in Montgomery, Alabama.

I understand that an individual named Cedric Pugh has filed a lawsuit against me
based on an allegation that I provided him with inappropriate medical evaluation or
treatment when he presented to the Baptist emergency room on February 23, 2006.
Contrary to the Plaintiff’s allegations, however, I did not evaluate or treat Mr. Pugh in
any fashion whatsoever on February 23, 2006. Rather, the physician who evaluated and

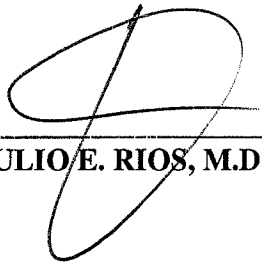


treated him on that occasion was Dr. John Moorehouse, another emergency physician who is on staff at Baptist South. I have reviewed the Baptist South Emergency Department records regarding Cedric Pugh (copies of which are being produced to the Court along with this Affidavit). Although the "sticker" affixed to Mr. Pugh's chart indicates that I was the physician who treated him on this occasion, this was a clerical error as all physician documentation in the chart is that of Dr. Moorehouse rather than myself. At no time have I ever been asked to, nor have I, provided medical care, evaluation, or treatment to Cedric Pugh. In other words, I have never had a physician-patient relationship with Dr. Pugh and have never provided him with any medical services whatsoever.

Based on my review of Mr. Pugh's chart from the Baptist Emergency Department, however, I can say with certainty that Mr. Pugh was provided with appropriate and proper treatment at all times that he was in the Emergency Department on February 23, 2006. Mr. Pugh presented with a laceration to the middle finger of his right hand after it had been caught in a meat grinder. Mr. Pugh was provided appropriate anesthesia, including a digital block to the finger in question with Marcaine, after which the wound was washed with saline, explored, and debrided. A bulky dressing was then placed on the finger. Mr. Pugh was given a Tetanus Diphtheria shot as well as an appropriate shot of Ancef, an antibiotic, in order to prevent infection. He was discharged with a prescription for Lortab pain medication as well as Keflex, an oral antibiotic. He was also given instructions to apply Neosporin dressing to the wound, to keep it clean and dry, and to follow up with an orthopedic surgeon.


The treatment provided to Mr. Pugh in the Baptist South Emergency Department was appropriate and proper in all respects. The involved personnel all met the applicable standard of care in their care, evaluation, and treatment of Mr. Pugh. Mr. Pugh was not caused to suffer any injury or damages by any act or omission of any of the health care providers in the Baptist Emergency Department – or as a result of any of the care and treatment provided to him in the Emergency Department. Mr. Pugh was not denied any needed medical treatment at the Baptist South Emergency Department, nor did anyone in the Emergency Department act with deliberate indifference to any serious medical need of Mr. Pugh.”

Further affiant sayeth not.

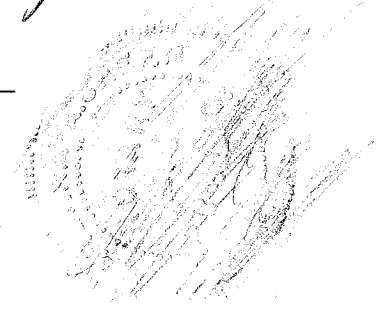

JULIO E. RIOS, M.D.

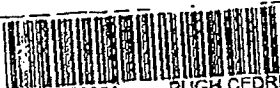
STATE OF ALABAMA)
)
 COUNTY OF MONTGOMERY)

Sworn to and subscribed before me on this the 14th day of August, 2006
 2006.


 Notary Public
 My Commission Expires

MY COMMISSION EXPIRES
8-30-08




 B0806400391 PUGH, CEDRIC
 DOB: 09/21/75 Age: 30Y MR #: 598203
 Admit Date/Time: 02/23/06 1132A
 919 RIOS, JULIO E



Baptist Nursing Chart HEALTH Long Form

Page 1

Patient Name: Pugh Arrival Time: 10:30 am
 Family Doctor: [Signature] Triage Time: 11:30 am

Date: 2/23 Source: ☒ Patient ☐ Other: _____ Birthdate: _____ Age: 30 ☐ Pediatric (>29 days - 12 years)
 Sex: ♂ M OF LMP: _____ Weight 220 ¹⁶⁵ kg (Actual) Height _____ Immunization status: UNK Last Tetanus: 1997

Allergies: ☒ NKA ☐ Latex

Allergy Reaction: _____

CHIEF COMPLAINT/Reason for Visit:

- ☐ Return visit Same Day
☐ Return visit within 72 hours
☐ Workers Comp

Laceration (R) 3" digit
(grinding motor)

MODE / METHOD OF ACCESS

Arrival Mode:	Entered by:	Patient Admitted from:	Treatment Prior to Arrival:
<input checked="" type="radio"/> Automobile/Other <input type="radio"/> Ambulance / Air <input type="radio"/> Law enforcement <input type="radio"/> Auto Assist	<input checked="" type="radio"/> Ambulatory <input type="radio"/> Wheelchair <input type="radio"/> Stretcher <input type="radio"/> Carried <input type="radio"/> Other	<input checked="" type="radio"/> Home <input type="radio"/> Physician Office <input type="radio"/> Nursing Home <input type="radio"/> Hospital <input type="radio"/> Other <u>Self</u>	<input checked="" type="radio"/> None <input type="radio"/> Ice <input type="radio"/> Dressing(s) <input type="radio"/> Splint(s) <input type="radio"/> C-collar/Backboard <input type="radio"/> O2 Therapy <input type="radio"/> Airway <input type="radio"/> Intubation <input type="radio"/> Monitor <input type="radio"/> ACLS Protocol <input type="radio"/> IV <input type="radio"/> Medications <input type="radio"/> CPR <input type="radio"/> Glucose <input type="radio"/> Decon

VITAL SIGNS TAKEN: ☐ SITTING ☐ LYING ☐ STANDING

Time	Temp	Route	Pulse	Resp	B/P	Pulse Ox	Time	Orthostatic Vital Signs
11:30	98.9	PO	66	16	150/83	100		
							Pulse	
							B/P	

PAIN SCALE

Numeric Scale 0=No Pain 10=Worst Pain Imaginable

☐ Pain Intensity Rate: _____ @ rest: _____

☐ Face Scale: (Faces Scale/Wong & Baker) / FLACC



Onset of pain: _____

Location of pain: _____

Quality: _____

Level of consciousness: ☒ A&O x3 ☐ disoriented to: person / place / time / situation
☐ dementia ☐ decreased LOC ☐ unconscious/comatose

Skin: ☒ Warm & Dry ☐ Hot ☐ Cool ☐ Cold ☐ Clammy ☐ Diaphoretic ☐ Pale

Safe in home: ☐ Yes ☐ No Intervention: _____

ADVANCE DIRECTIVES ☐ DNR ☐ LIVING WILL ☒ NONE ☐ Information Given

Past Medical History: ☐ Denies ☐ Unable to Assess

Exposure to: ☐ HIV ☐ Aids ☐ SARS ☐ STD Symptoms: _____

Vaccinations: ☐ Pneumonia ☐ Influenza ☐ Information Provided

Tobacco 1 Pack/day Alcohol _____ drinks/day Substance Abuse _____ ☐ Cessation Advised

Neuro: CVA TIA Migraines Seizures

GYN: Pregnant now Ectopic

EENT: Cataract Glaucoma HOH Blind

Ortho: Osteo Arthritis Back pain

Cardiac: MI CHF CABG HTN Pacer Dysrhythmia

Endo: Thyroid Diabetes

Pulmonary: Asthma Bronchitis COPD Pneumonia

Cancer: _____

GI: Ulcers GI Bleed Constipation Diverticulitis

Psychiatric: Depression Alzheimer

GU: UTI Kidney Stone Prostate Dialysis AV Shunt

Autism Parkinson's Bi-polar

Schizophrenia Prior Psych Admit

Hostile on admission

Trauma Assessment ☒ Yes ☐ No

☐ Assault ☐ MVC Speed _____

☐ Stab Impact: Rear / Front / T-Bone

☐ GSW ☐ Driver ☐ Passenger

☐ Fire ☐ Front ☐ Rear

☐ Fall ☐ Airbag ☐ Restrained

☐ Motorcycle ☐ Bicycle

Helmet ☐ Yes ☐ No

☒ Other Laceration

CURRENT MEDICATION(S)

Meds Disposition: ☐ Patient ☐ Family ☐ Other

<input checked="" type="radio"/> None	<input type="radio"/> See Medication List (attached)	Nurse 1
<input type="radio"/> Narcotics	Drug: _____	Nurse 2
	Count _____	

TRIAGE INTERVENTION(s): ☐ Ice/Elevation ☐ Dressing/Splint ☐ Glucose _____ ☐ EKG ☐ C-Collar ☐ Respiratory Precautions

Triage Category:

① ② ③ ④ ⑤

Triage disposition time 1:30 TO ☐ ER Bed ☐ FT Bed

☐ Waiting Room ☐ Hallway Bed Report to Monaghan

Triage Nurse Signature: ID #

[Signature]

ED BY: mrussell

DATE 7/7/2006

EXHIBIT

B

Nursing Chart Long Form Page 2

Airway and C-spine <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal		<input type="checkbox"/> Clear <input type="checkbox"/> Obstructed <input type="checkbox"/> Intubated size _____ cm @ lip _____ <input type="checkbox"/> C-spine secured by ED staff		Patient Label																			
Breath Sounds <input checked="" type="checkbox"/> WNL / Clear <input type="checkbox"/> Abnormal		<table border="1"> <tr> <th></th> <th>Rales</th> <th>Rhonchi</th> <th>Wheezes</th> <th>Diminished</th> <th>Absent</th> </tr> <tr> <td>R</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>L</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>					Rales	Rhonchi	Wheezes	Diminished	Absent	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Respiratory <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal		<input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/> Expiratory Grunting <input type="checkbox"/> Rapid <input type="checkbox"/> Retractions <input type="checkbox"/> Cough - Productive <input type="checkbox"/> Shallow <input type="checkbox"/> Stridor <input type="checkbox"/> Cough - Non-productive <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> Tracheal deviation <input type="checkbox"/> Sputum: color _____		<input type="checkbox"/> Home Oxygen _____ L/min																			
Cardiovascular <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Abnormal		<input type="checkbox"/> Thready/weak <input type="checkbox"/> Chest Pain/Tightness <input type="checkbox"/> Irregular <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Dizziness <input type="checkbox"/> Cyanosis <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Edema <input type="checkbox"/> Pulses X 4		Notes: Monitor Rhythm <input type="checkbox"/> See Strips <input type="checkbox"/> ICD																			
Neurological <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed <input type="checkbox"/> Playful <input type="checkbox"/> Interactive with environment		<input type="checkbox"/> LOC <input type="checkbox"/> Combative <input type="checkbox"/> Lethargic <input type="checkbox"/> Headache <input type="checkbox"/> Syncope <input type="checkbox"/> Tremors <input type="checkbox"/> Disoriented <input type="checkbox"/> Seizures <input type="checkbox"/> Vertigo/Dizzy <input type="checkbox"/> Speech difficulty / slurred <input type="checkbox"/> Confusion <input type="checkbox"/> Unresponsive <input type="checkbox"/> Responds to Voice only <input type="checkbox"/> Responds to Pain only <input type="checkbox"/> Follows commands <input type="checkbox"/> Change in mental status <input type="checkbox"/> Moves all extremities		Notes: <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Neuro vital signs (see NN) <input type="checkbox"/> Glasgow Coma Scale _____ <input type="checkbox"/> CVA Protocol (NIH Stroke Scale)																			
GI <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> N / V / D <input type="checkbox"/> Cramping <input type="checkbox"/> Constipation <input type="checkbox"/> Rigid Abd vomiting x _____ <input type="checkbox"/> Pain <input type="checkbox"/> Distention <input type="checkbox"/> Tender Abd <input type="checkbox"/> BS + - <input type="checkbox"/> Bleeding <input type="checkbox"/> Weight Loss / Gain <input type="checkbox"/> Last BM _____		<input type="checkbox"/> Nutritional risk Yes No <input type="checkbox"/> Dentures Upper Lower <input type="checkbox"/> Meal Given																			
GU / GYN <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Pregnant <input type="checkbox"/> Pain <input type="checkbox"/> Freq/urgency <input type="checkbox"/> Amenorrhea <input type="checkbox"/> G _____ P _____ A _____ <input type="checkbox"/> Distention <input type="checkbox"/> Incontinent <input type="checkbox"/> Dysmenorrhea EDC _____ <input type="checkbox"/> Hematuria <input type="checkbox"/> Flank pain L R <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> FHTs _____ <input type="checkbox"/> Burning <input type="checkbox"/> Blood at Meatus <input type="checkbox"/> Discharge		Notes: <input type="checkbox"/> Ostomy _____ <input type="checkbox"/> Foley size _____ Urine description:																			
Musculo-skeletal <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Pain <input type="checkbox"/> Unable to Assess Gait <input type="checkbox"/> Splinting <input type="checkbox"/> Swelling <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Weakness <input type="checkbox"/> Deformity <input type="checkbox"/> Assist Device <input type="checkbox"/> History of falls		Notes: R L Handed Gait Device: Cane Walker Crutches W/C Prosthesis																			
Integumentary <input type="checkbox"/> Intact <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Bruises <input type="checkbox"/> Wound <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Jaundice <input type="checkbox"/> Rash <input type="checkbox"/> Laceration <input type="checkbox"/> Fistula : Location _____ <input type="checkbox"/> Abrasions <input type="checkbox"/> Lesions <input type="checkbox"/> Bruit + - <input type="checkbox"/> Thrill + -		Notes: <input type="checkbox"/> Exposure to Chemicals <input type="checkbox"/> Burns																			
EENT: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Eye R L Both Pupil size R _____ mm L _____ mm <input type="checkbox"/> Hearing Aid: R L B <input type="checkbox"/> Ear R L Both <input type="checkbox"/> Drainage <input type="checkbox"/> Itching <input type="checkbox"/> Pain <input type="checkbox"/> Nose <input type="checkbox"/> Throat <input type="checkbox"/> Dental <input type="checkbox"/> Congestion <input type="checkbox"/> Redness		<input type="checkbox"/> Visual Acuity R 20/____ L 20/____ B 20/____ Glasses Contacts																			
Psychiatric: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Not Assessed		<input type="checkbox"/> Memory changes <input type="checkbox"/> Delusions <input type="checkbox"/> Calm <input type="checkbox"/> Suicidal ideations <input type="checkbox"/> Depression <input type="checkbox"/> Insomnia <input type="checkbox"/> Hostile <input type="checkbox"/> Homicidal ideations <input type="checkbox"/> Anxiety <input type="checkbox"/> Hallucinations <input type="checkbox"/> Agitated Plan? Yes No		Notes: <input type="checkbox"/> Environment secured <input type="checkbox"/> Restraints Present																			
Suspected: <input checked="" type="checkbox"/> None <input type="checkbox"/> Child/Elder Abuse <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Victim of Violent Crime		Communication Deficit: <input checked="" type="checkbox"/> No deficit <input type="checkbox"/> Language barrier <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Uses Sign Language <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Translator _____ Dominant Language: _____		Barriers to learning: <input checked="" type="checkbox"/> None <input type="checkbox"/> Physical limits _____ <input type="checkbox"/> Emotional _____ <input type="checkbox"/> Cultural _____ <input type="checkbox"/> Religious/Spiritual _____ <input type="checkbox"/> Suspected low literacy skills <input type="checkbox"/> Developmental disability																			
Referrals/Reporting: <input type="checkbox"/> Social Service <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Police / Security <input type="checkbox"/> CPS / APS / DHHR <input type="checkbox"/> Animal Bite <input type="checkbox"/> Poison Control <input type="checkbox"/> SART / SANE		Developmental Milestones <input type="checkbox"/> Achieved <input type="checkbox"/> Delayed		Safety measures addressed <input type="checkbox"/> Side rails Up <input type="checkbox"/> ID Bracelet On <input type="checkbox"/> Risk of falls <input type="checkbox"/> Falls Bracelet																			
		Support System: <input type="checkbox"/> Lives Alone <input type="checkbox"/> Family/Significant Other <input type="checkbox"/> Minor w / Parent <input type="checkbox"/> Minor w/o Parent <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Home <input type="checkbox"/> Other		Marital Status: S M W D																			
PRINTED BY: m Russell		Nurse Signature (Nurse completing assessment) <i>[Signature]</i> ID # 8100		Time 2:30																			
		DATE 11/7/2006																					



B0805400381 PUGH, CEDRIC
DOB: 09/21/75 Age: 30Y MR #: 698203
Admit Date/Time: 02/23/06 1132A
919 RIOS, JULIO E



Baptist Nursing Chart HEALTH Long Form

Page 3

Patient Name: _____

IV Push is medications given in < 16 minutes						MEDICATIONS		(Put medications in the same syringe on one line)				
Time	Route					Medication	Dose	Site	Initials	Response to Medication		
	IV Push	IM	SC	PO	Other					Time	Pain Scale	Other
1440	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ancel	1 gm	Right	ND	1450	No Reaction	ND
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

☐ TD Adult ☐ DT Pedi ☐ Tetanus Toxoid ☐ Rabies ☐ Rabies IG ☐ Other ☐ VAR Completed

Thrombolytics: ☐ Cardiac ☐ Stroke ☐ Vasopressors ☐ Intraosseous Infusion ☐ No response to med required

PARENTERAL THERAPY - IV FLUIDS

☐ IV Pump ☐ Warmed solution ☐ Bunitrol

Site	Per Hr IV	KVO	Lock	Start TIME	Stop TIME	Hydration	Medication	Solution/Additive Medication	Rate / Bolus	Repeat Med	Initials
1	Site _____					<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
	Gauge _____					<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
	Attempts x _____					<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
2	Per Hr IV	KVO	Lock			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
	Site _____					<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
	Gauge _____ x _____					<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
3	Per Hr IV	KVO	Lock			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
	Site _____					<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	
	Gauge _____ x _____					<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	

INTAKE Amount OUTPUT Amount

Oral _____ Urine _____

IV _____ Gastric _____

Other _____ Other _____

TOTAL TOTAL

☒ Tolerated well, no adverse reaction noted

Response to IV therapy

Blood Transfusion

☐ Routine ☐ Emergent

Total # of units _____

IV Site at disposition

Time: _____ ☐ Patent ☐ Discontinued

☐ No redness ☐ No swelling ☐ catheter intact

Vital Signs

☐ Continuous NIBP (strips attached)

Titrated Medications ☐ See flow sheet

Time	Temp	Pulse	Resp	B/P	Pulse Ox	Glucose Checks	Pain Scale	Time	Med #1	Med #2	Med #3	Initials

PRINTED BY: Russell

DATE 7/7/2006

Form ER 16002 Rev. 01/27/06

Nursing Chart Long Form Page 4

PROCEDURES / TREATMENT CARE

EYE

- ☐ Eye Exam - **NO FB found**
☐ FB Eye Exam/Slit lamp
☐ FB Eye Exam/No Slit lamp
☐ Eye irrigation R L Both
Amount _____

NOSE/EAR

- ☐ Nasal Cautery
☐ Nasal packing-anterior
☐ Nasal packing-posterior
☐ Nasal packing-balloon
☐ Ear Irrigation (ear wax) R L



B0805400391 PUGH, CEDRIC
DOB: 09/21/75 Age: 30Y MR #: 598203
Admit Date/Time: 02/23/06 1132A
919 RIOS, JULIO E

☐ Procedure "Time Out" by: _____

CARDIOLOGY

- ☐ Cardiac monitor
☐ EKG - by ED staff
☐ Repeat EKG by ED staff
☐ Pulse Ox-continuous
☐ Central line ☐ < 5yr ☐ ≥ 5yr
☐ External pacer
☐ Temporary internal pacer
☐ Cardioversion (electric)
☐ Pericardiocentesis
☐ Decol vascular device
☐ PICC line ☐ < 5yr ☐ ≥ 5yr
☐ Arterial Blood Gas
☐ Blood / Needle exposure

GI/GU

- ☐ Straight/quick cath for UA
☐ Foley catheter Size _____
☐ Bladder irrigation
☐ Foley removed
☐ Rectal exam ☐ Anoscopy
☐ Rectal disimpaction
☐ Enema ☐ Repeat x _____
☐ NG w/ suction _____
☐ NG w/ Lavage _____
☐ G-tube replace ☐ Reposition
☐ Pelvic Exam
☐ Sexual Assault Exam
☐ Incontinence Care

RADIOLOGY

- ☐ X-Ray preparation
☐ CT US MRI IVP
☐ IV contrast ☐ Oral contrast
☐ Monitor in radiology / CT

LAB

- ☐ Venipuncture (ED Staff)
☐ Lab Test (any)
☐ Specimen collection(not blood)
☐ Point of care test
☐ Urine Dip ☐ Rapid Strep
☐ Central line blood draw
☐ Hemocult + -
☐ Genital cultures

SPECIAL PROCEDURES

- ☐ Isolation (Medical)
☐ Lumbar puncture
☐ Epidural blood patch
☐ Procedural sedation IV/IM
☐ Paracentesis / Dx lavage
☐ Hypothermia care
☐ Hyperthermia care

BEHAVIORAL MANAGEMENT

- ☐ Psychiatric evaluation
☐ Restraints
☐ Seclusion or 1:1 obs
☐ Involuntary commitment
☐ Psychiatric code called

PULMONARY

- ☐ Airway: Oral/Nasal ☐ Oxygen Mask Cannula _____ Liters/min ☐ End-tidal CO2 + -
☐ Intubation Tube: _____ ☐ Cricothyrotomy ☐ Thoracentesis (Needle)
☐ PTA ☐ ED ☐ Anesthesia ☐ Tracheostomy ☐ Chest tube insertion
☐ Rapid sequence induction ☐ Trach Care Tube size: _____ R/L ☐ Bilateral
☐ Ventilation assist Bi-Pap C-Pap ☐ Suction Oral/Nasal/Trach ☐ Nebulizer(s) X _____

- ☐ CPR
☐ CODE Time: _____
Medical Pediatric Trauma
☐ Code Sheet Completed
Trauma team ☐ 1 ☐ 2 ☐ 3

DISPOSITION / OUTCOME

PATIENT PROPERTY: ☐ Sent home ☐ Secured / hospital safe ☐ Patient retains/accepts responsibility ☐ Sent with patient

☐ Dentures ☐ Glasses ☐ Hearing device ☐ Clothing ☐ Cane ☐ Crutches ☐ Walker ☐ Valuables ☐ Other: _____

☒ Discharged Time 1450

Admitted Time _____ Room _____

Transferred Time: _____

☐ Expired Time: _____

- ☐ Nursing Home
☐ AMA signed unsigned
☐ LBMSE

- ☐ Regular Room
☐ Telemetry ☐ ICU / CCU
☐ Surgery ☐ Cath Lab
☐ Psychiatric ☐ Observation

- ☐ Hospital
☐ Psychiatric

☐ Extended Stay (>4 hours)

☐ Organ donation addressed

Notes: _____

TEACHING / DISCHARGE CARE

CORE MEASURES:

☐ AMI ☐ Pneumonia ☐ Heart Failure ☐ Stroke

Smoking cessation advised ☐ < 3 min ☐ ≥ 3 min

☒ Discharge Instruction sheet provided

☒ Verbal understanding of discharge / RX

☐ Meds dispensed by physician _____

☐ Extended patient education

Instruction(s) given to:

- ☒ Patient
☐ Parent / Family
☐ Friend
☒ Other *Correction ofc.*

Discharge Mode:

- ☒ Ambulatory ☐ Carried
☐ Ambulance ☐ Crutches
☐ Wheelchair ☐ Stretcher

Accompanied by:

- ☐ Self /Parent
☐ Spouse ☐ Friend
☐ Police ☐ Family
☒ Other *Correction ofc.*

☐ Work/School Excuse (see copy)

☐ Workers Comp Papers Initiated (see copy)

☐ ED Boarder Time: _____

TRIAGE OUT VITAL SIGNS

Time	Temp	Pulse	Resp	B/P	Pulse OX	Pain Scale	FHT
1450	98.4	77	18	136/71	100%	9/10	

Condition: ☒ improved ☐ unchanged ☐ _____

Triage Out Note:

As to @ hand - drainage noted.

Signature and Employee ID

Initials

Admit Report called to:

Time: _____

Signature and Employee ID

Initials

Discharge Nurse

Initials

M. Dunn, RN 10647

UD

M. Dunn, RN 10647 UD

PRINTED BY: mruosell

DATE: 7/7/2006



80605400391 PUGH, CEDRIC
 DOB: 09/21/75 Age: 30Y MR #: 598203
 Admit Date/Time: 02/23/06 1132A
 919 RIOS, JULIO E



AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS		
LABORATORY				
	<input type="checkbox"/> 911 Trauma Panel	CBC Comprehensive Metabolic Troponin	Alcohol Urinalysis Pregnancy Test	PT PTT Type & Cross 2 Units - OR - O-Negative Emergency Release
	<input type="checkbox"/> 922 Trauma Panel	CBC Comprehensive Metabolic Troponin	Alcohol Urinalysis Pregnancy Test	PT PTT Type & Screen
	<input type="checkbox"/> 933 Trauma Panel	CBC Basic Metabolic Urinalysis	Pregnancy Test	
	<input type="checkbox"/> ABG	<input type="checkbox"/> Acute Asthma <input type="checkbox"/> Acidosis <input type="checkbox"/> Alkalosis <input type="checkbox"/> Burns to Face <input type="checkbox"/> Cardiopulmonary Arrest <input type="checkbox"/> CHF	<input type="checkbox"/> COPD <input type="checkbox"/> Dyspnea (unexplained) <input type="checkbox"/> Hypoventilation <input type="checkbox"/> Morbid Obesity <input type="checkbox"/> Multiple Trauma <input type="checkbox"/> Noxious Gas Inhalation	<input type="checkbox"/> Pleural Effusion <input type="checkbox"/> Pneumonia <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Pulmonary Embolus <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Other _____
	<input type="checkbox"/> AccuChek	<input type="checkbox"/> Decreased LOC <input type="checkbox"/> Hx of Diabetes/Hypoglycemia		<input type="checkbox"/> Other _____
	<input type="checkbox"/> Amylase <input type="checkbox"/> Lipase	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> BMP Basic Metabolic Panel	<input type="checkbox"/> Complications Related to <input type="checkbox"/> Pregnancy <input type="checkbox"/> Diabetes Complications <input type="checkbox"/> Dizziness/Giddiness <input type="checkbox"/> Drowsiness	<input type="checkbox"/> Edema <input type="checkbox"/> Febrile Convulsions <input type="checkbox"/> Glomerulonephritis <input type="checkbox"/> Hypertensive Disease	<input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Long-term use of Medications <input type="checkbox"/> Seizure (convulsion) <input type="checkbox"/> Other _____
	<input type="checkbox"/> CMP Comprehensive Metabolic	<input type="checkbox"/> Acidosis <input type="checkbox"/> Alkalosis <input type="checkbox"/> CHF <input type="checkbox"/> Coma <input type="checkbox"/> Diabetes <input type="checkbox"/> Diarrhea	<input type="checkbox"/> Dehydration <input type="checkbox"/> Dizziness <input type="checkbox"/> Drowsiness <input type="checkbox"/> Edema/Ascites <input type="checkbox"/> Hypertension <input type="checkbox"/> Long-term Medication(s)	<input type="checkbox"/> Malnutrition <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> Seizure <input type="checkbox"/> Other _____
	<input type="checkbox"/> BNP	<input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Edema/Lower Extremities	<input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> SOB	<input type="checkbox"/> Other _____
	<input type="checkbox"/> CBC	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> Blood Loss - Hemorrhage <input type="checkbox"/> Chills <input type="checkbox"/> Epistaxis <input type="checkbox"/> Fatigue/Malaise <input type="checkbox"/> Flank Pain	<input type="checkbox"/> Infection <input type="checkbox"/> Hemoptysis <input type="checkbox"/> High Risk Medication(s) <input type="checkbox"/> Lethargy <input type="checkbox"/> Long-term Medications <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Malnutrition	<input type="checkbox"/> Pallor <input type="checkbox"/> Postural Dizziness <input type="checkbox"/> Short of Breath - Apnea <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Weakness <input type="checkbox"/> Weight Loss <input type="checkbox"/> Other _____
	<input type="checkbox"/> D-Dimer	<input type="checkbox"/> Erythema <input type="checkbox"/> Lower Extremity Pain	<input type="checkbox"/> Swelling <input type="checkbox"/> Tenderness	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Arrhythmia (A-Fib/A-Flutter/Abberancy) <input type="checkbox"/> Concomitant Use of Interacting Drug <input type="checkbox"/> CHF	<input type="checkbox"/> Digoxin Toxicity <input type="checkbox"/> Anorexia <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Headache	<input type="checkbox"/> High Risk Patient <input type="checkbox"/> Long-term Medication(s) <input type="checkbox"/> Other _____
	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Abnormal Weight Loss <input type="checkbox"/> Arrhythmia(s) <input type="checkbox"/> Chronic Alcoholism <input type="checkbox"/> Coma <input type="checkbox"/> Convulsion <input type="checkbox"/> Diabetic Acidosis <input type="checkbox"/> Diuretic Therapy	<input type="checkbox"/> Drowsiness <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Fatigue/Malaise <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Hypokalemia <input type="checkbox"/> Long-term Medication(s) <input type="checkbox"/> Muscular Paralysis	<input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Shock <input type="checkbox"/> Syncope <input type="checkbox"/> Tetany <input type="checkbox"/> Tremor <input type="checkbox"/> Other _____
	<input type="checkbox"/> PT-INR <input type="checkbox"/> PTT	<input type="checkbox"/> Acute MI <input type="checkbox"/> Acute Pancreatitis <input type="checkbox"/> A-Fib/A-Flutter <input type="checkbox"/> Anemia	<input type="checkbox"/> Epistaxis <input type="checkbox"/> GI Bleeding <input type="checkbox"/> Hematuria <input type="checkbox"/> Hemorrhage	<input type="checkbox"/> Long-term Antibiotics <input type="checkbox"/> Poisoning by Anticoagulant <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Vitamin K Deficiency



ER 160



B0605400391 PUGH, CEDRIC
 DOB: 09/21/75 Age: 30Y MR #: 598203
 Admit Date/Time: 02/23/06 1132A
 919 RIOS, JULIO E



AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS		
LABORATORY				
	<input type="checkbox"/> Troponin I	<input type="checkbox"/> Abnormal Electrocardiogram <input type="checkbox"/> ACS (Angina, Acute MI) <input type="checkbox"/> Apnea/SOB/Whoezing	<input type="checkbox"/> Arrhythmia/Tachycardia <input type="checkbox"/> Chest Pain <input type="checkbox"/> Injury to Thorax, Abdomen, Pelvis	<input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Insufficiency <input type="checkbox"/> Other _____
	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Dysuria <input type="checkbox"/> Edema <input type="checkbox"/> Fever	<input type="checkbox"/> Flank Pain <input type="checkbox"/> Hematuria <input type="checkbox"/> Hesitancy <input type="checkbox"/> Hypertension <input type="checkbox"/> Known Kidney Disease	<input type="checkbox"/> Long-term Medications <input type="checkbox"/> Nocturia <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Trauma to Kidney/Urinary Tract <input type="checkbox"/> Other _____
	<input type="checkbox"/> Foley Catheter	Record Output		
	<input type="checkbox"/> Blood Cultures	X's _____	<input type="checkbox"/> Fever	<input type="checkbox"/> Other
	<input type="checkbox"/> Hemocult <input type="checkbox"/> Gastrocult	Other		
	<input type="checkbox"/> GC Chlamydia <input type="checkbox"/> Wet Prep	<input type="checkbox"/> Herpes	Other	Other
	<input type="checkbox"/> Urine Pregnancy <input type="checkbox"/> Serum Pregnancy	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		
	<input type="checkbox"/> Toxicology Screen <input type="checkbox"/> ETOH Level	<input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Serum Drug Screen	<input type="checkbox"/> Other Drug Level(s) _____	
	<input type="checkbox"/> Other Lab Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Type (Rh) <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Cross	X's _____ Units	<input type="checkbox"/> Other Blood Products _____	
RADIOLOGY				
	X-ray <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine	<input type="checkbox"/> Deformity <input type="checkbox"/> New Injury <input type="checkbox"/> Old Injury <input type="checkbox"/> Pain	<input type="checkbox"/> Trauma <input type="checkbox"/> Other	
	X-ray <input type="checkbox"/> Chest <input type="checkbox"/> Portable <input type="checkbox"/> Standing PA/L	<input type="checkbox"/> Abnormal Sputum <input type="checkbox"/> Abnormal Weight Loss <input type="checkbox"/> Abnormal X-ray <input type="checkbox"/> Chest Pain <input type="checkbox"/> Clubbing of Fingers	<input type="checkbox"/> Coma <input type="checkbox"/> Cough <input type="checkbox"/> Cyanosis <input type="checkbox"/> Fever <input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Palpitations <input type="checkbox"/> Respiratory Infection <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Shock <input type="checkbox"/> Other _____
	X-ray <input type="checkbox"/> Abdominal Series <input type="checkbox"/> KUB	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abdominal Rigidity <input type="checkbox"/> Abdominal Swelling <input type="checkbox"/> Abdominal Tenderness <input type="checkbox"/> Aneurysm <input type="checkbox"/> Ascites	<input type="checkbox"/> Blunt/Penetrating Trauma <input type="checkbox"/> Edema <input type="checkbox"/> Extravasation of Urine <input type="checkbox"/> Fever <input type="checkbox"/> Hepatomegaly/Splenomegaly <input type="checkbox"/> Injury to Blood Vessels	<input type="checkbox"/> Infection, Post Op <input type="checkbox"/> Internal Injury (Thorax) <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Liver Disease <input type="checkbox"/> Renal Colic <input type="checkbox"/> Other _____
1239	X-ray Upper Extremity R O L <i>Hand</i>	<input type="checkbox"/> Deformity <input type="checkbox"/> New Injury <input type="checkbox"/> Old Injury <input type="checkbox"/> Pain	<input checked="" type="checkbox"/> Trauma <input type="checkbox"/> Other	
	X-ray Lower Extremity R O L	<input type="checkbox"/> Deformity <input type="checkbox"/> New Injury <input type="checkbox"/> Old Injury <input type="checkbox"/> Pain	<input type="checkbox"/> Trauma <input type="checkbox"/> Other	
	<input type="checkbox"/> VQ Scan	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> SOB	<input type="checkbox"/> Other
	<input type="checkbox"/> CT Head/Brain <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without	<input type="checkbox"/> Closed Head Injury (Concussion) <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Delirium/Dementia <input type="checkbox"/> Headache (excluding Migraine)	<input type="checkbox"/> Occlusion of Artery <input type="checkbox"/> Penetrating Trauma <input type="checkbox"/> Seizure <input type="checkbox"/> Sinusitis (chronic) <input type="checkbox"/> Stroke	<input type="checkbox"/> Subarachnoid - Intracerebral Hemorrhage <input type="checkbox"/> Suspected Metastasis <input type="checkbox"/> Syncope/Collapse <input type="checkbox"/> Other

PAGE 2 OF 4 Form #ER 16005 Revised 02/13/06



ER 160

PRINTED BY: mrussell

DATE 7/7/2006



80605400391 PUGH, CEDRIC
 DOB: 09/21/75 Age: 30Y MR #: 598203
 Admit Date/Time: 02/23/06 1132A
 919 RIOS, JULIO E



AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS		
RADIOLOGY				
	<input type="checkbox"/> CT <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine	<input type="checkbox"/> Abnormal gait <input type="checkbox"/> Abnormal involuntary movement <input type="checkbox"/> Lack of Coordination <input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> Meningitis <input type="checkbox"/> Neoplasm <input type="checkbox"/> Pain <input type="checkbox"/> Spina bifida <input type="checkbox"/> Transient paralysis limb	Injuries related to <input type="checkbox"/> MVC <input type="checkbox"/> GSW <input type="checkbox"/> Stabbing <input type="checkbox"/> Other
	<input type="checkbox"/> CT AngioChest <input type="checkbox"/> With IV Only	<input type="checkbox"/> Chest Pain <input type="checkbox"/> Hemoptysis <input type="checkbox"/> SOB	<input type="checkbox"/> Tachypnea <input type="checkbox"/> Other	
	<input type="checkbox"/> CT Pelvis Abdomen <input type="checkbox"/> Without Contrast <input type="checkbox"/> Oral Contrast <input type="checkbox"/> IV Contrast <input type="checkbox"/> Rectal Contrast <input type="checkbox"/> Stone Search <input type="checkbox"/> Appendicitis Protocol <input type="checkbox"/> Diverticulitis Protocol	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abdominal Rigidity <input type="checkbox"/> Abdominal Swelling <input type="checkbox"/> Abdominal Tenderness <input type="checkbox"/> Aneurysm <input type="checkbox"/> Ascites <input type="checkbox"/> Blunt/Penetrating Trauma <input type="checkbox"/> Edema <input type="checkbox"/> Extravasation of Urine <input type="checkbox"/> Fever <input type="checkbox"/> Hepatomegaly/Splenomegaly	<input type="checkbox"/> Injury to Blood Vessels <input type="checkbox"/> Infection, Post Op <input type="checkbox"/> Internal Injury (Thorax, <input type="checkbox"/> Abdomen & Pelvis) <input type="checkbox"/> Liver Disease <input type="checkbox"/> Renal Colic	<input type="checkbox"/> Other
	<input type="checkbox"/> CT Other			
	<input type="checkbox"/> MRI of			
	<input type="checkbox"/> Ultrasound <input type="checkbox"/> Complete Abdomen <input type="checkbox"/> RUQ(GB) <input type="checkbox"/> Pelvic <input type="checkbox"/> Obstetrical	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abdominal Tenderness <input type="checkbox"/> Abnormal X-ray <input type="checkbox"/> Ascites <input type="checkbox"/> Abdominal Swelling <input type="checkbox"/> Abdominal Mass	<input type="checkbox"/> Colic <input type="checkbox"/> Flank Mass <input type="checkbox"/> Flank Pain <input type="checkbox"/> Flank Tenderness <input type="checkbox"/> Hepatomegaly/Splenomegaly	<input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Pelvic Mass <input type="checkbox"/> Pelvic Tenderness <input type="checkbox"/> Spleen Mass <input type="checkbox"/> Other
	<input type="checkbox"/> Doppler Series	<input type="checkbox"/> Erythema <input type="checkbox"/> Lower Extremity Pain	<input type="checkbox"/> Swelling <input type="checkbox"/> Tenderness	<input type="checkbox"/> Other
CARDIOLOGY				
	<input type="checkbox"/> BP Both Arms			
	<input type="checkbox"/> Orthostatic VS			
	<input type="checkbox"/> Cardiac Monitor			
	<input type="checkbox"/> EKG			
	<input type="checkbox"/> Repeat EKG			
	<input type="checkbox"/> ECHO			
	<input type="checkbox"/> Cath Lab			
RESPIRATORY				
	<input type="checkbox"/> Pulse Oximetry			
	<input type="checkbox"/> Oxygen ___ L/min	<input type="checkbox"/> Cannula <input type="checkbox"/> Non-Rebreather Mask	<input type="checkbox"/> Non-Simple Mask	
	<input type="checkbox"/> Nebulizer	<input type="checkbox"/> Peak Flow <input type="checkbox"/> DuoNeb	<input type="checkbox"/> Albuterol <input type="checkbox"/> Atrovent	<input type="checkbox"/> Xopenex <input type="checkbox"/> Other
	<input type="checkbox"/> Inhaler with space teaching			
	<input type="checkbox"/> C-PAP <input type="checkbox"/> Bi-PAP	<input type="checkbox"/> Vent Settings		
	<input type="checkbox"/> Central Line			
	<input type="checkbox"/> Chest Tube	<input type="checkbox"/> Right <input type="checkbox"/> Left		



ER 160

PAGE 3 OF 4 Form #ER 16005 Revised 02/13/06

PRINTED BY: mrussell

DATE 7/7/2006



80605400391 PUGH, CEDRIC
 DOB: 09/21/75 Age: 30Y MR #: 598203
 Admit Date/Time: 02/23/06 1132A
 919 RIOS, JULIO E



AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS				
PROCEDURE SET-UPS						
<input type="checkbox"/>	Visual Acuity					
<input type="checkbox"/>	Eye Box	<input type="checkbox"/> Morgan Lens	<input type="checkbox"/> Corneal Burr	<input type="checkbox"/> Dacriose		
		<input type="checkbox"/> Tetracaine	<input type="checkbox"/> Tonoon	<input type="checkbox"/> Woods Lamp		
<input type="checkbox"/>	Nose Tray	<input type="checkbox"/> Head Light				
<input type="checkbox"/>	Dental Box					
<input type="checkbox"/>	Ortho Box					
<input type="checkbox"/>	Pelvic Exam					
<input type="checkbox"/>	Lumbar Puncture					
<input type="checkbox"/>	NG-Tube					
<input type="checkbox"/>	Splint					
<input type="checkbox"/>	Crutch Walking					
<input type="checkbox"/>	Suture Set-Up					
BEHAVIORAL HEALTH						
<input type="checkbox"/>	Psychiatric Evaluation/Screening					
<input type="checkbox"/>	Restraints	See Restraint Order Sheet	<input type="checkbox"/> 1:1 Seclusion			
IV FLUIDS						
<input type="checkbox"/>	IV Site _ x1 _ x2					
<input type="checkbox"/>	IV Bolus	<input type="checkbox"/> _____ X500ml	<input type="checkbox"/> _____ 1 Liter	<input type="checkbox"/> _____ 2 Liters		
<input type="checkbox"/>	IV Fluids	_____ at _____ ml/hr	_____ at _____ ml/hr	_____ at _____ ml/hr		
<input type="checkbox"/>	IV Critical Drips	Cardizem	Nitroglycerin	Dopamine		
		Nipride	Integrilin	Other		
TIME	MEDICATIONS		TIME	MEDICATIONS		
	Jdo. 5cc IM PTA					
	Morphine 1mg IV Held					
	Three 1gm IV 1440 W					
TIME			<input type="checkbox"/> See additional medication order form.			
CONSULTS						
<input type="checkbox"/> Primary Physician	<input type="checkbox"/> On-Call Specialist	<input type="checkbox"/> GMS/FMS/Hospitalist	<input type="checkbox"/> Other			
Time Notified	Time Notified	Time Notified	Time Notified			
Time Responded	Time Responded	Time Responded	Time Responded			
DISPOSITION						
TIME	DISCHARGE	ADMISSION	TRANSFER	EXPIRED		
	<input type="checkbox"/> Home	<input type="checkbox"/> Regular Room # _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Coroner Called		
	<input type="checkbox"/> AMA signed unsigned	<input type="checkbox"/> Telemetry Room # _____	<input type="checkbox"/> Psychiatric/Meadhaven	<input type="checkbox"/> Death Certificate Signed		
	<input type="checkbox"/> Elopement	<input type="checkbox"/> Observation Room # _____	<input type="checkbox"/> Other			
	<input type="checkbox"/> LBMSE	<input type="checkbox"/> Surgery				
	<input type="checkbox"/> Work/School Excuse Provided x's _____ Days		<input type="checkbox"/> Workers Comp Papers Initiated			
PHYSICIAN SIGNATURE:			EXTENDER SIGNATURE:			
Certified Medical Emergency <input type="checkbox"/> Yes <input type="checkbox"/> No			Dictation # _____			



ER 160

PAGE 4 OF 4 Form #ER 16005 Revised 02/13/06

PRINTED BY: mrussell

DATE 7/7/2006



B0605400391 PUGH, CEDRIC
DOB: 09/21/75 Age: 30Y MR #: 598203
Admit Date/Time: 02/23/06 1132A
913 RIOS, JULIO E

1 of 1 1 of 2

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09

Baptist Health
EMERGENCY PHYSICIAN RECORD
Hand or Wrist Injury (4)

DATE: TIME: 1200 ROOM: Hall 1 EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM UNOBTAINABLE 2° TO:

HPI

chief complaint: Injury to right left
hand wrist forearm elbow arm
thumb index f. middle f. ring f. small f.

duration / occurred:

just prior to arrival

today

yesterday

days PTA

where:home

neighbor's

work

school

park

street

severity of pain:

mild moderate severe

worse / persistent since

pain intermittent / lasting**context:**

fall blow incised crushed burn

cut in garden**location of injury:**R- UE hand palm fingersL- UE hand palm fingers

PAST HX (negative R/L HANDED prior injury
HTN DM CAD other problems

Meds- none / see nurses note

Allergies- NKDA / see nurses note

SOCIAL HX recent ETOH smoker drug abuse

FAMILY HX DM HTN CAD

HX / EXAM UNOBTAINABLE 2° TO:

ROS

CONST

recent fever / illness

NEURO / EYES

headache

double vision / hearing loss

loss feeling / power arms / legs

tingling / numbness distally

GI/GU

nausea / vomiting

loss of bladder function

CVS / PULMONARY

trouble breathing / chest pain

MS / SKIN / LYMPH

neck pain

skin laceration

swelling

suspected FB (skin lac)

painful / unable to bear weight

head / neck / other injuries

☐ Nursing Assessment Reviewed ☐ Vitals Reviewed ☐ Tetanus Immun. UTD

PHYSICAL EXAM

General Appearance mild / moderate / severe distress

no acute distress anxious

alert

PRINTED BY: mcussellDATE: 02/23/06**HAND**

nml inspection
non-tender

see diagram

tenderness soft-tissue / bony

swelling / ecchymosis

limited ROM

due to: cont / functional deficit

deformity

complete / partial avulsion subungual hematoma

WRIST

nml inspection
non-tender
nml ROM

see diagram

tenderness soft-tissue / bony

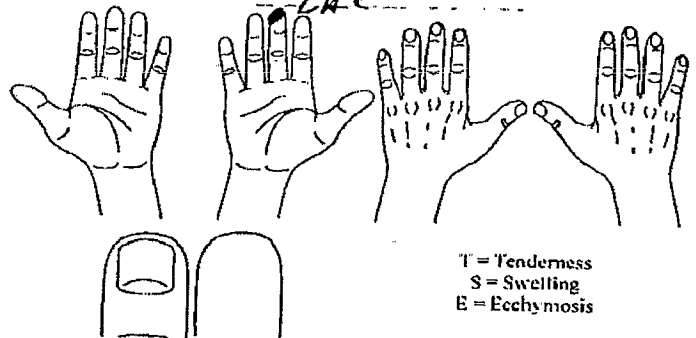
tenderness in anatomical snuff box

wrist pain on axial thumb load

swelling / ecchymosis

limited ROM

deformity



T = Tenderness
S = Swelling
E = Ecchymosis

NEURO

sensation intact
motor intact

digital nerve deficit

decreased fine touch abnml 2-point discrim.

median nerve deficit

sensory deficit- lat. 3 1/2 fingers / lat palm

motor deficit- pronation / thumb flexion

index & middle finger flexion

ulnar nerve deficit

sensory deficit- med. palm / med. 1 1/2 fingers

motor deficit- thumb adduction / fingers adduct.

radial nerve deficit

motor deficit- wrist drop / thumb extension

VASCULAR

no vascular
compromise

pallor / cool skin / abnml cap refill

pulse deficit radial ulnar

TENDONS

tendon function
normal

tendon visualized / injury seen

extensor flexor complete partial

deficit in tendon function

limited extension limited flexion

FOREARM / ELBOW / ARM

uninjured
above wrist

see diagram

tenderness soft-tissue / bony

swelling / ecchymosis

deformity

limited ROM

RN / PA / NP

MD

Physician Signature: [Signature]
after reviewing with patient and confirming or revising all elements.

SKIN
warm, dry

diaphoretic / cool / cyanotic

HEAD / ENT
no inspection
pharynx nml

NECK / BACK
no inspection
non-tender

CHEST
no resp. distress
non-tender
breath sounds nml

GASTROINTESTINAL
non-tender
no organomegaly

tenderness
swelling / ecchymosis

tenderness
swelling / ecchymosis

tenderness
swelling / ecchymosis

tenderness / guarding

LABS

CBC	Chemistries	CO2
normal except	normal except	Ca
WBC	BUN	Bilirubin
Hgb	Creat	Magnesium
Hct	Gluc	BNP
Platelets	Alk Phos	D-Dimer
segs	ALT	
bands	AST	
lymphs	Na	
monos	K	
eos	Cl	

PROGRESS:

Re-evaluation time 1300 unchanged Improved re-examined

Re-evaluation time unchanged improved re-examined

Re-evaluation time unchanged improved re-examined

Re-examination

PROCEDURES:

splint Vekro OCL / Ortho-glass / Plaster Aluminum-foam
 Volar Thumb splica Ulnar Wrist Sugar-Tong Cock-up Colles
 applied by ED Physician / Orthopedist / Tech
 examined post splint application NY intact alignment good

Need: Neurovascular exam post application of splint or cast

fingers buddy-taped

digital block lidocaine 1% mL marcaine 0.25% 0.5% mL

subungual hematoma drained using electrocautery

foreign body removed with forceps with incision

*Procedures - Debridement
 & Applied
 Bkg dress*

use template #23b for Laceration Repair

TREATMENT:**MEDICAL DECISION:**

Fracture Care: Follow up with orthopedic within 48 hours

Rx given

Follow up with

Refinishing care to Dr.

referred to / discussed with Dr. *Ordon*

Time:

will see patient in: office / ED / hospital in days

CLINICAL IMPRESSION:

Fall Alleged Assault

Contusion *R/L* wrist *hand*
 Hematoma thumb index f. middle f. ring f. small f.
 Laceration MP PIP DIP joint
 Sprain / Strain / Dislocation
 Fracture R / L radius distal / shaft / proximal
 ulna prox / shaft / distal / styloid Colles' fx
 metacarpal fx #5 4 3 2 1
 phalanx # 5 4 3 2 thumb
 prox / middle / distal / tuft

Tissue crushes finger phalanx

DISPOSITION- none ☐ admitted ☐ transferred
 CONDITION- unchanged ☐ improved ☐ stable

MD / DO x *[Signature]* MD / DO

11x review, Patient interviewed, Medical Decision Making, and Examined by Physician

DATE 7/7/2006

XRAYS ☒ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist

R/L hand wrist forearm finger

normal / NAD DJR
 no fracture dislocation
 no alignment soft tissue swelling
 no foreign body foreign body
 fracture

Other study:

☐ See separate report

PRINTED BY: mrussell



B0605400391 PUGH, CEDRIC
 DOB: 09/21/75 Age: 30Y MR #: 598203
 Admit Date/Time: 02/23/06 1132A
 919 RIOS, JULIO E

1 of 1 1 of 2

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23b

Baptist Health

EMERGENCY PHYSICIAN RECORD

Laceration Procedure Notes

Wound Description #1

Wound: 2 cm lacerationSize: 2 cm

Distal NVT:

☒ sensation intact ☒ vascular, intact ☒ tendon intact

Depth / shape / contamination:

☒ superficial ☐ linear ☐ irregular ☐ flap
☒ SQ ☐ nail avulsed ☐ stellate
☐ muscle ☐ contused tissue

clean

☐ contaminated minimally / moderately / *heavily
 with dirt gravel grease ink

ANESTHESIA

☐ local ☐ LET / TAC ☒ digital block ☐ cc
☐ lidoc 1% 2% epi / bicarb ☒ marcaine .25% ☒ .5%

WOUND PREP AND REPAIR

☐ Hibiclens / Betadine ☐ foreign material removed
☐ betadine to skin ☐ partially completely
☐ wound cleanser ☐ minimal / mod. / *extensive
☒ irrigated / washed w/ saline ☒ debrided
☐ moderate / *extensive ☐ minimal & mod. / *extensive
☒ wound explored ☐ undermined
☐ minimal / mod. / *extensive

Wound closed with: wound adhesive / steri-strips

SKIN

0 nylon / prolene / vicryl / staples
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

*SUBCUTANEOUS / MUCOSA

0 vicryl / silk
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

*FASCIA / MUSCLE / TENDON

0 vicryl /
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

NAIL / NAIL MATRIX

☐ nail excised ☐ nail reattached # 0 vicryl /

*OTHER

☐ retention suture placed

Wound Description #2

Wound:

Size: cm

Distal NVT:

☐ sensation intact ☐ vascular, intact ☐ tendon intact

Depth / shape / contamination:

☐ superficial ☐ linear ☐ irregular ☐ flap
☐ SQ ☐ nail avulsed ☐ stellate
☐ muscle ☐ contused tissue

clean

☐ contaminated minimally / moderately / *heavily
 with dirt gravel grease ink

ANESTHESIA

☐ local ☐ LET / TAC ☐ digital block ☐ cc
☐ lidoc 1% 2% epi / bicarb ☐ marcaine .25% .5%

WOUND PREP AND REPAIR

☐ Hibiclens / Betadine ☐ foreign material removed
☐ betadine to skin ☐ partially completely
☐ wound cleanser ☐ minimal / mod. / *extensive
☐ irrigated / washed w/ saline ☐ debrided
☐ moderate / *extensive ☐ minimal / *mod. / *extensive
☐ wound explored ☐ undermined
☐ minimal / mod. / *extensive

Wound closed with: wound adhesive / steri-strips

SKIN

0 nylon / prolene / vicryl / staples
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

*SUBCUTANEOUS / MUCOSA

0 vicryl / silk
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

*FASCIA / MUSCLE / TENDON

0 vicryl /
☐ interrupted ☐ running ☐ simple ☐ mattress (h/v)

NAIL / NAIL MATRIX

☐ nail excised ☐ nail reattached # 0 vicryl /

*OTHER

☐ retention suture placed

* may indicate intermediate repair. * may indicate intermediate or complex repair.
 Repair of muscles or tendons in complex wounds is reported with appropriate separate repair codes.

X MD / DO X MD / DO
☐ Review, Patient interviewed, Medical Decision Making, and Examined by Physician.

PRINTED BY: mrussell

DATE 7/7/2006

CONSCIOUS SEDATION PROCEDURE NOTE

Time: _____

Indications-

_____ laceration _____ shoulder dislocation

 _____ see nurses record for monitoring / vital signs
 _____ last meal _____ time: _____

Preparation-

_____ procedure explained _____
 _____ to patient _____ to parent / guardian
 _____ consent signed (if applicable) _____
 _____ pulse oximeter _____
 _____ oxygen _____ (if applicable) _____
 _____ IV access (if applicable) _____
 _____ suction (if applicable) _____
 _____ cardiac monitor (if applicable) _____
 _____ constant attendance (if applicable) _____

Physical Exam-**AIRWAY**

_____ nml anatomy

_____ difficult facial / neck anatomy _____

CVS / RESP

_____ nml heart sounds
 _____ nml breath sounds

_____ respiratory distress
 _____ wheezing / rales

NEURO

_____ alert
 _____ NAD
 _____ responsive

_____ lethargic
 _____ anxious
 _____ distress mild / moderate / severe
 _____ confused / disorientated
 _____ unresponsive

Sedation-

PO:

_____ versed
 _____ fentanyl lollipop
 _____ ketamine

RECTAL:

_____ versed
 _____ chloral hydrate

PARENTERAL:

_____ versed
 _____ fentanyl
 _____ ketamine
 _____ brevipal

Response during procedure-

_____ light _____ moderate _____ heavy sedation

_____ vital signs stable _____

_____ oxygenation stable _____

_____ maintained airway well during procedure _____

_____ handled secretions adequately _____

Complications during / after procedure-

_____ none _____

_____ vomiting _____

_____ apnea _____

_____ airway compromise _____

_____ O2 desaturation _____

_____ hypotension _____

_____ new neurologic problems _____

_____ agitation _____

Reversal-

_____ none _____

_____ narcan _____

_____ romazicon _____

Mental Status after procedure-

Appearance _____

_____ Alert _____ Lethargic _____ Anxious

Distress _____

_____ NAD _____ mild _____ moderate _____ severe

Response To Verbal Stimuli _____

_____ confusion / disorientation _____

_____ unresponsive _____

_____ patient returned to pre-procedure baseline

_____ alert prior to discharge _____

x _____ MD / DO x _____ MD / DO
 Resident Attending

☐ Ifx review, Patient interviewed, Medical Decision Making, and Examined by Physician.



BP#05400391 PUGH, CEDRIC
 DOB: 09/21/75 Age: 30Y MR #: 598203
 Admit Date/Time: 02/23/06 1132A
 819 RIOS, JULIO E

alth icy Room je Instructions

Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT

Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	No Refills
1. <i>Loxiten 7.5</i>	<i>#10</i>	<i>PO QID PRN</i>	<input type="checkbox"/>
2. <i>1. pen 1000</i>	<i>#10</i>	<i>PO QID</i>	<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea |
| <input type="checkbox"/> Cast / Splint-Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input checked="" type="checkbox"/> Wound Care |
| | | <input type="checkbox"/> STD | <input type="checkbox"/> Other(s) |

Return for signs of infection
 > Redness
 > Swelling
 > Drainage
 > Heat

Additional Instructions:

① Neosporin dressing
② Keep wound clean & dry
③ P/W 3d - JH

*Return 3-5 days
 for checkup.*

Referred to:

Dr. *Curtis 613-9000*

Phone:

☒ Call on next business day for follow-up appointment

In _____ days / weeks

☐ next available

- ☒ Return to Emergency Dept. in _____ hours / days for recheck
☒ If no improvement or your condition worsens, call your private physician or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified: _____
☐ Education provided on new medication _____

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☒ Patient
☐ Relative
☐ Other

Time Released > *1458* Hrs.

Instructed By:

M. Dunnington

Physician:

[Signature]

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- | | |
|--|--|
| <input type="checkbox"/> Patient was seen by Dr. | <input type="checkbox"/> May return to restricted duties for _____ days* |
| <input type="checkbox"/> No athletics / physical education: _____ days* | Restrictions: _____ |
| <input type="checkbox"/> May return to work / school without restrictions | |
| <input type="checkbox"/> Will require time off work / school. Estimated time: _____ days* | <input type="checkbox"/> _____ was here with relative/ child. |
| <input type="checkbox"/> Must be reevaluated by family / occupational physician before returning to school / work. | <input type="checkbox"/> Other: _____ |

Time off from School or Work longer than 30 days must be approved by a Responsible Company/ Occupational Medicine Physician, unless otherwise stated.

B9B-0082 (08/02)

Fax From : 3342862274

READING ROOM

82-23-86 14:84 Pg: 2

NAME: PUGH, CEDRIC
 MR#: 598203 EXAM#: DX-06-0022083
 DATE: 02/23/2006 AGE: 30 Y
 DOB: 09/21/1975 SEX: M
 BAPTIST SOUTH
 2105 East South Boulevard
 Montgomery, Alabama 36116

NAME: PUGH, CEDRIC
 LOC: B-Emerge... RM/BD:
 SEX: M. AGE: 30 Y
 METHOD: Ambulatory PRIORITY: Stat

SPECIAL EQUIPMENT

EXAM: DX Hand Complete Right

NAME: PUGH, CEDRIC
 DOB: 09/21/1975
 EXAM DATE/TIME: 02/23/2006 12:31
 ENTRY DATE: 02/23/2006
 ENTERED BY: Donde, Sharon Cooper, RN
 REASON/DIAGNOSIS: injury-hall

PRIORITY: Stat

MR#: 598203

AGE: 30 Y

SEX: M

ORDERING MD: Rios, Julio E., MD

ATTENDING MD: Rios, Julio E., MD

PREVIOUS EXAM:

BUN:
 CREATININE:

WT:

SPECIAL EQUIPMENT AND INDICATION:

OTHER EXAMS ORDERED TODAY:

COMMENTS

80605400391
 DOB: 09/21/75 PUGH, CEDRIC
 Admit Date/Time: 02/23/06
 919 RIOS, JULIO E. MR # 598203
 1132A

NM AUTHORIZED USER:

DX-06-0022083

LOC: B-Emergency Dep RM/BD:

AGE: 30 Y

SEX: M

39-06-0022083 09/21/1975

NAME: PUGH, CEDRIC
 MR#: 598203
 DOB: 09/21/1975
 ORDERING MD: Rios, Julio E., MD
 REASON/DIAGNOSIS: injury-hall
 EXAM DATE/TIME: 02/23/2006 12:31
 PRIORITY: Stat
 EXAM: DX Hand Complete Right
 COMMENTS:

No acute fx or dislocation
 identified

Terminal tuft of R middle finger
 obscured by dressing

PRINTED NAME: PUGH, CEDRIC DATE: 7/7/2006

80605400391 PUGH, CEDRIC
DOB: 09/21/75 Age: 30Y MR #: 598203
Admit Date/Time: 02/23/06 L132A
919 RIOS, JULIO E



MEDICAL INFORMATION TRANSFER FORM

Confidential Medical Data

To: Baptist So. Hospital Inmate's Name: Pugh, Cedric
(Agency)
Bouthern Blvd a/k/a: ---
(Address) Montgomery, AL D.O.B.: 09/21/75 SS #: 416-15-6480
From: Elmore Corr. Center Person Completing Form
(Institution) Name: D. Austin hpd
P.O. Box 56, Elmore, AL 36025 Signature: D. Austin hpd
(Address) Date: 02/23/06
(334) 567-1548
(Telephone)

MEDICAL PROBLEM(S):

(L) hand caught in mife.
3rd finger (L) hand c 74%
side missing

TREATMENTS/MEDICATIONS:

Irrigation
pressure drug.
Letams 02/23/06 (L) dilute

Allergies:

NKA

TB Skin Test: NEG POS
CXR: NEG POS

POS
POS

Date 10/12/05
Date 05/18/05

Pregnant:

Yes (No) Unknown

Test

RPR: NEG POS
VDRL: NEG POS
GC: NEG POS
Other: HEV, RPR

Treated

Yes No
Yes No
Yes No
Yes No

Date 10/27/05

Other Lab Data:

10/27/05 NEG.

PRINTED BY: mrussell

DATE 7/7/2006